

Alabama Department of Mental Health and Mental Retardation
Substance Abuse Division
PREVENTION ENROLLMENT

Enrollment Date: __/__/____
Date of Entry: __/__/____
Provider ID: _____

STRATEGY

LAST NAME

FIRST NAME

MI

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M F

SEX

--	--

DOB

/	/
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COUNTY OF RESIDENCE

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RACE

☐ Black or African-American

☐ White

☐ Alaska Native

☐ American Indian

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ Other

☐ Two or More Races

ETHNICITY

☐ Not Hispanic

☐ Puerto Rican

☐ Mexican

☐ Cuban

☐ Other Specific Hispanic

☐ Hispanic - Not Specific

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FIRST NAME

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